



**Armed Forces Retirement Home
Office of the Inspector General
3700 N. Capitol Street
Washington, DC 20011-8400**

January 29, 2013

MEMORANDUM FOR THE ARMED FORCES RETIREMENT HOME (AFRH), CHIEF OPERATING OFFICER

SUBJECT: Medical Equipment Maintenance Management Program, Healthcare Services Audit at Armed Forces Retirement Home-Gulfport

The AFRH Inspector General Office is providing this audit for your information and use. The audit was conducted at the AFRH-Gulfport facility level.

PURPOSE OF THE MEDICAL EQUIPMENT MAINTENANCE MANAGEMENT PROGRAM AUDIT: The purpose of this internal audit was to ensure that satisfactory controls are in place to monitor medical equipment repairs and to prevent undue resident risk at AFRH-Gulfport.

MEDICAL EQUIPMENT MAINTENANCE MANAGEMENT PROGRAM SCOPE: The AFRH Inspector General Office has the authority to review and evaluate all aspects of the AFRH-G Medical Equipment Maintenance Management Program. The review of the AFRH-Gulfport's Medical Equipment Maintenance Program focused on the following area to include medical equipment repair work orders:

- Contract review Torres Associates Inc.
- Standard Operating Procedure review of Equipment Maintenance, Repair, and Disposal G-HC-ADM-4-06. (Attachment 1)
- Equipment Repair-Service Request (included in Attachment 1)
- Patient Repair/Service Request Forms
- Medical equipment repair time per the contact requirement

MEDICAL EQUIPMENT MAINTENANCE MANAGEMENT PROGRAM AUDIT ELEMENTS:
This audit consists of documentation requirements, reviews, observation, findings and recommendations for AFRH-G Healthcare Services

Contractual requirements:

- The contractor is responsible for Computerized Operations and Maintenance (O&M). Ref page 23 of TPD-AFRG-11-C-0010. (Attachment 2)
- The Contract Surveillance Representative (CSR) is responsible for ensuring repairs are completed in a timely manner as required by the contract. Per the contract, the equipment shall be repaired within established time-line standards of 5 to 7 business days after notification to the contractor. This is based on Original Equipment Manufacturer (OEM) Specifications. Ref page 26 of TPD-AFRG-11-C-0010. (Attachment 3)

- The contractor is responsible corrective and preventative maintenance during the following Period of Performance: March 28, 2011 to September 30, 2015.

Standard Operating Procedures (SOP) requirements:

- All Healthcare Services residential units will maintain “Equipment Repair/Service Request” forms. Per the SOP No. G-HC-ADM-4-06.
- Healthcare Services (HCS) personnel are responsible for completing an “Equipment Repair-Service Request” form and sending it to the Contract Surveillance Representative (CSR) via fax or hand delivery.
- Healthcare Services (HCS) personnel are responsible for removing non-working equipment from operation, storing it in a designated location, and labeling it with an “out of service” tag.
- The Contract Surveillance Representative (CSR) is responsible for notifying the Medical Records Technician of the scheduled date of service and/or repair status. Per SOP No. G-HC-ADM-4-06.
- The Medical Equipment Repair Contractor (MERC) is responsible for notifying the Contract Surveillance Representative (CSR) if medical equipment is too costly to repair and/or is non-repairable.

Observation:

- Each residential unit has Patient Repair/Service Request Forms.
- Healthcare Services personnel are notifying the Contract Surveillance Representative (CSR) by utilizing a Patient Repair/Service Request Form via hardcopy submission.
- The Contract Surveillance Representative (CSR), normally through phone, email or fax, submits the Patient Repair/Service Request Form to the contractor.
- The Contract Surveillance Representative (CSR) schedules the contractor for an on-site visit to repair the Patient Repair/Service Request Forms that have been submitted.
- The Contract Surveillance Representative (CSR) is notifying the Medical Records Technician of the scheduled date of service and/or repair status.

Findings:

- Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel are not operating under the current Standard Operating Procedure (G-HC-ADM-4-06) regarding Equipment Maintenance, Repair, and Disposal dated June 12, 2012.
- Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel are not utilizing the Equipment Repair-Service Request form included in Standard Operating Procedure (G-HC-ADM-4-06) regarding Equipment Maintenance, Repair, and Disposal dated June 12, 2012.
- The Contract Surveillance Representative (CSR) maintains a copy of the Patient Repair/Service Request Form that has been submitted for repair. Several of the Patient Repair/Service Request Forms that were reviewed do not have the required documentation which is needed to verify if the contractor completed the repairs within a 5-7 day period as required by the contract.
- Contract Surveillance Representative (CSR) maintains the copy of the Patient Repair/Service Request Forms. A limited number of the Patient Repair/Service Request Forms on file were not properly completed in regards to submission date, service date, and Service Technician initials or signature.
- The Contract Surveillance Representative (CSR) stated there is no Quality Assurance Surveillance Plan (QASP) in place.

- The Contract Surveillance Representative (CSR) maintains a work order spreadsheet that details the equipment identification number, equipment, reported service date, repair date, numbers of days to repairs and notes. This also includes stats of repairs per required per month.
- The following Patient Repair/Service Request forms that are on file with the Contract Surveillance Representative (CSR) were not all completed properly.

Documentation review examples:

- Identification Number: 8184 dated September 24, 2012. Incomplete equipment status (Attachment 4)
- Identification Number: 8259 dated per November 11, 2012 by HCS, dated November 13, 2012 and service date is November 22, 2012. Incomplete equipment status (Attachment 5)
- Identification Number: 8168 dated December 5, 2012. Documentation completed. (Attachment 6)
- Identification Number 8193 dated December 5, 2012. No Clinical Supervisor signature or date, no service date completion, no service technician signature, incomplete equipment status (Attachment 7)
- Identification Number: 8257 dated January 15, 2013. AFRH-G documentation shows incomplete status with unit take to shop on January 16, 2013. (Attachment 8)
- Identification Number: 8002 dated January 15, 2013. Documentation complete (Attachment 9)

- Per the contract Preventative Maintenance (PM) shall be conducted during the following period of performance time frames: March 28, 2011 to September 30, 2011 (one time fee in March of 2011) and October 1, 2011 to September 30, 2012 (one time fee in March of 2012).
 - The following Preventative Maintenance (PM) Summaries dated November 2011 were reviewed: PM FSR# 12-501, PM FSR# 12-522, PM FSR# 12-536, PM FSR# 12-571, PM FSR# 12-613, PM FSR# 12-614, PM FSR# 12-633, PM FSR# 12-677, PM FSR# 12-688, PM FSR# 12-710, PM FSR# 12-722, PM FSR# 12-743, PM FSR# 12-755, PM FSR# 12-759, PM FSR# 12-765. The PM Summaries reviewed were complete and dated November 2011. (Attachment 11-Sample Preventative Maintenance Summary) Per the Contract Surveillance Representative (CSR) all are dated March 2011.
 - The following Preventative Maintenance (PM) Summaries dated November 2012 were reviewed: PM FSR# 13-501, PM FSR# 13-548, PM FSR# 13-572, PM FSR# 13-590, PM FSR# 13-618, PM FSR# 13-630, PM FSR# 13-653, PM FSR# 13-665, PM FSR# 13-705, PM FSR# 13-728, PM FSR# 13-740, PM FSR# 13-752, PM FSR# 12-771. Per the Contract Surveillance Representative (CSR) all are dated March 2012.
 - The Contract Surveillance Representative (CSR) there is no Quality Assurance Surveillance Plan (QASP) in place.

Recommendations:

- Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel must utilize Standard Operating Procedure (G-HC-ADM-4-06) regarding Equipment Maintenance, Repair, and Disposal dated June 12, 2012.

- Contract Surveillance Representative (CSR) and Healthcare Services (HCS) personnel must utilize the Equipment Repair-Service Request form included in Standard Operating Procedure (G-HC-ADM-4-06) regarding Equipment Maintenance, Repair, and Disposal dated June 12, 2012.
- The Contract Surveillance Representative (CSR) should ensure the master copy of the Equipment Repair-Service Request form and ensure that all required documentation is filled out properly on this form. The Contract Surveillance Representative (CSR) should also reconcile each completed service request to ensure that the contractors has repaired the equipment within the 5-7 day period required by the contract. These files should be maintained throughout the life of the contract with Torres Association Inc.
- The Contract Surveillance Representative (CSR) should continue to utilize the Equipment Repair-Service Request tracking system developed through the internal spreadsheet or consider utilizing the AFRH Work Order System that currently in use. Consider tracking additional information such as: document high maintenance equipment that is continually requiring repair, equipment damaged due to abuse.
- The documentation would include maintaining all Equipment Repair-Service Request for at least the period of the contract. The Contracting Officer's Representative (COR) Handbook dated July 2012 outlines the COR's Standard File Plan. This file plan is located in Appendix E on page 68. Part 6 (a & b) –Quarterly Assurance Information section states other documentation to support the file should include the following: Records of inspection (In Accordance With (IAW) contract requirements), samples, photos, witness statements, other documents to support file.
- AFRH Agency Notice 12-04 - AFRH Records Management Program dated March 7, 2012 clearly states the adequate and proper documentation means a record of the conduct of Government business that is complete and accurate to the extent required to document the organization functions, policies, decisions, procedures, and essential transactions of the agency and that is designed to furnish the information necessary to protect the legal and financial rights of the government and of persons directly affected by the agency's activities.
- The Contract Surveillance Representative (CSR) should ensure that a system is in place to conduct an investigation when medical equipment abuse is documented and brought to the attention of the CSR.
- The Contracting Officer's Representative (COR) Handbook dated July 2012 Appendix J provides a detailed outline that can be utilized. The Contract Surveillance Representative (CSR) should implement a Quality Assurance Surveillance Plan.
- Ensure that an alternate Contract Surveillance Representative (CSR) is available to assist during a time of absence on this contract. I highly suggest the Chief, Healthcare Services select an alternate (CSR) to be added to this contract and new contracts in the future.
- The Contract Surveillance Representative (CSR) should follow up on all Preventative Maintenance (PMs) that were reported as incomplete.
- Update Standard Operating Procedure (SOP) to reflect AFHR-Gulfport operation.

If you have any questions, comments or would like to discuss this audit please contact me at (202) 541-7550 or afrh.ig@afrh.gov.

Respectfully,



SHEILA R. ABARR
Inspector General
Armed Forces Retirement Home



ARMED FORCES RETIREMENT HOME – GULFPORT HEALTHCARE SERVICES

ADMINISTRATION

STANDARD OPERATING PROCEDURE (SOP) NO. G-HC-ADM-4-06

JUNE 12, 2012

EQUIPMENT MAINTENANCE, REPAIR, AND DISPOSAL

I. **AUTHORITY:** Title 24, USC.

II. **PURPOSE:** Establishes procedures for the maintenance, repair, and disposal of resident care equipment at the Armed Forces Retirement Home (AFRH).

III. **PROTOCOL:** All Healthcare Services (HCS) personnel are responsible for using well-functioning medical equipment while performing resident care and to report any malfunctions to the Contract Surveillance Representative (CSR) immediately. The maintenance and repair of medical equipment is performed by a medical equipment repair contractor (MERC).

IV. **PROCEDURES:**

A. **Inventory:**

1. Medical equipment purchased by the AFRH is labeled with a decal on the body of the equipment.
2. AFRH medical equipment is inspected annually by a MERC and supervised by the CSR.

B. **Preventive Maintenance:** Preventive maintenance and inspection of medical equipment is performed annually by a MERC.

C. **Repair:**

1. All HCS residential units will maintain "Equipment Repair-Service Request" forms.
2. HCS personnel are responsible for completing an "Equipment Repair-Service Request" form and sending it to the CSR via fax or hand delivery.
3. HCS personnel are responsible for removing non-working equipment from operation, storing it in a designated location, and labeling it with an "out of service" tag.
4. The CSR is responsible for facilitating timely repair of the equipment and notifying the Medical Records Technician of the scheduled date of service and/or repair status.

D. **Disposal:**

1. The MERC is responsible for notifying the CSR if medical equipment is too costly to repair and/or is non-repairable.
2. The CSR is responsible for: informing his/her supervisor; facilitating contract modification; starting the procurement process; and seeking approval prior to purchasing replacement equipment.

A handwritten signature in black ink, appearing to read "Anne Pechotta-Knapp".

ANNE PECHOTTA-KNAPP
Chief, Healthcare Services

Attachment: Form, "Equipment Repair-Service Request"

Supersedes Previous Editions of HCS Administration SOP No. G-HC-ADM-4-06



ARMED FORCES RETIREMENT HOME

EQUIPMENT REPAIR-SERVICE REQUEST

Name of Equipment			
4 or 6 Digit Identification No. from Sticker			
Location of Equipment	Floor:	Room:	Circle: A or B
Describe the Problem Below – Please Print Legibly			
Employee Name	PRINT--		
Employee Signature			
Employee Phone No.			
Clinical Supervisor's Name	PRINT--		
Clinical Supervisor's Signature			
Clinical Supervisor's Phone No.			
Date			
Service Date			
Service Technician's Name	PRINT--		

STATUS – CHECK ALL THAT APPLY	
	Complete
	Incomplete
	Parts on Order
	Could Not Duplicate

SERVICE EVENT INSTRUCTIONS

- 1 Complete the requested information above and have the clinical supervisor sign and date.
- 2 Fax a copy of the completed form to the Contract Surveillance Representative (CSR).
- 3 Give the original form to the Medical Records Technician (MRT) for filing.
- 4 The CSR will facilitate repair of the equipment and notify the MRT of the scheduled repair date.
- 5 All equipment repair forms are to be made available to the repair technician during the visit.
- 6 Call the CSR for resolution of questions.

3.2. Contractor Supplies and Equipment. The contractor supplies and equipment shall comply with Federal, State, municipal, and industry or original equipment manufacturer (OEM) specifications. At the expiration or termination of the contract, all materials, spare parts, supplies and equipment permanently installed by the contractor shall remain as property of the Government.

4.0. SPECIFIC REQUIREMENTS. The contractor shall provide integrated equipment maintenance management program to include, but not be limited to, management services; repairs analysis and, technical assistance; statistical repair information; and program training as described herein, at the AFRH-G. In addition, the contractor shall provide all personnel, equipment, tools, vehicles, materials, supervision, transportation and services necessary to effectively, economically, and satisfactorily perform all operations, for preventive and corrective maintenance and service events, which shall include all corrective, preventive maintenance, and emergency maintenance. This contract is designed for the maintenance, scheduled and unscheduled, and operations activities necessary to keep medical equipment in good working order.

The medical equipment to be maintained under this contract is identified in Attachment A. The contractor shall perform the required services in accordance with current codes, standards, directives, and criteria governing the operation, maintenance and repair of medical equipment, including, but not limited to the CARF, National Fire Protection Association (NFPA), OSHA, and the Environmental Protection Agency (EPA). The contractor shall remain abreast of any changes in codes which impact on medical equipment. The contractor shall notify the contract CO/COTR, in writing, when modifications are required to maintain code compliance. Maintenance includes regularly scheduled adjustments and inspections, preventive and corrective maintenance tasks, and unlimited emergency response.

4.1. Scheduled Preventative Maintenance. The contractor shall provide preventative maintenance coverage for all equipment included in the contract. The number of preventative maintenance calls during the term of the contract is limited to that on the attached equipment list. Preventative maintenance is to be performed in accordance with manufacturers' specifications. It shall be performed at a time mutually agreed upon by the equipment user and the service vendor.

4.2. Operation and Maintenance Records. The contractor shall input and maintain a database for maintenance and repair activities on all equipment included in this agreement. It shall include a preventive maintenance schedule for every equipment items covered by the program. The system shall document and track all repairs, to include a list of all parts replaced and all services performed. In addition, the system must be capable of recording and tracking services performed by vendors. This information shall be available to customer within 24 hours of a request from the CO or the COTR.

The contractor shall use their own software and hardware to record and manage the data. It is understood this hardware and software is proprietary and shall remain the property of the contractor upon completion of the contract.

4.3. Computerized Operations and Maintenance (O&M) Records. O&M records shall be computerized using a contractor supplied system (CSS). CSS hardware and software is proprietary and shall remain the property of the contractor upon completion of this contract. Records shall reflect scheduled and unscheduled maintenance and tasks. The contractor shall maintain all data required to establish and maintain records for new and existing equipment covered by the contract, including performance of scheduled maintenance procedures, and/or systems acquired and added to the program during the term of this contract. The contractor shall use his own equipment numbering system, but shall also include a ECN number for each item covered by the program. Equipment identification data shall include, as a minimum, name of manufacturer, model number, serial number, ECN numbers, and equipment nomenclature.

4.4. Records Backup. The contractor shall backup all electronic data, weekly as a minimum; to be appropriate media and store the backup data in a contractor furnished fireproof storage cabinet.

ACCEPTABLE QUALITY LEVELS (AQL)

SOW Reference	Performance Objectives	Performance Standard	Acceptable Quality Level (AQL)	Method of Surveillance	Incentive/Disincentive
4.2	Operation and Maintenance Records	All records shall be made available upon request within 24 hrs of being requested.	95%	Random request for review of records performed throughout the duration of the contract on an as needed basis.	Performance Evaluation
4.8	Unscheduled Maintenance and Repair	Equipment shall be repaired within established time-line standards of 5 to 7 business days after notification to contractor. This is based on OEM Specifications.	95%	Spot inspections performed throughout the duration of the contract on an as needed basis. Supporting documentation may be reviewed.	Performance Evaluation

Armed Forces Retirement Home

Patient Repair/Service Request Form

Name of Equipment: Patient CHAIR

Four Digit Identification Number: 8184

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE SAME CORNER OF THE STICKER AS THE AFRH#)

SUSTAINMENT TECHNOLOGIES, INC.

Annual PM Certification

PM Month/Year: March 2011

PM BMET: AFRH#

For Information Call: (979)764-2080

Location of Equipment: Dental Clinic (Room): 1458A

Description of the Problem: Air line inside Control
box is blowing air out from it, No
Air pressure with air/water lines.

Clinical Supervisor Signature: _____
Clinical Supervisor (Print): _____ Phone#: _____

Date: 24 Sept 12 Service Date: 25 Sept Service Technician: Kelly D. L.

STATUS OF EQUIPMENT:

(1) - COMPLETE (2) - INCOMPLETE (3) - PARTS ON ORDER
(4) - COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinic Supervisor has signed off for approval, give a copy to Mr. McKenzie (Mac).
(2) Mr. McKenzie will schedule a date for the service repair technician to address the request.

11/8/2012

Armed Forces Retirement Home

Patient Repair/Service Request Form

Name of Equipment: 3D - Loyalty Hall vital sign machine
Four Digit Identification Number: 8759

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE SAME CORNER OF THE STICKER AS THE AFRH#)

SUSTAINMENT TECHNOLOGIES, INC.

Annual PM Certification

PM Month/Year: March 2011

PM BMET: AFRH#

For Information Call: (979)764-2080

Location of Equipment: 3D - Loyalty (Room): _____

Description of the Problem: Thermometer probe not working at all times. (wires showing)
Pulse Ox not working at all times

Employee Signature: _____

Employee Name(Print): _____

Clinical Supervisor Sig: _____

Clinical Supervisor (Print): _____

Date: 13 Nov Service Date: 22 Nov Service Technician: fieldy

STATUS OF EQUIPMENT:

(1) -- COMPLETE (2) -- INCOMPLETE (3) -- PARTS ON ORDER
(4) -- COULD NOT DUPLICATE (5) -- COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinic Supervisor has signed off for approval, give a copy to Mr. McKenzie (Mac).
(2) Mr. McKenzie will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home
Patient Repair/Service Request Form

Name of Equipment: Model trimmer

Four Digit Identification Number: 8168

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE SAME CORNER OF THE STICKER AS THE AFRH#)

SUSTAINMENT TECHNOLOGIES, INC.
Annual PM Certification
PM Month/Year: March 2011
PM BMET: AFRH#
For Information Call: (979)764-2080

Location of Equipment: Dental Lab (Room): 1451

Description of the Problem: Leaking around gasket

Employee Signature: 
Employee Name(Print): 

Clinical Supervisor Signature: 
Clinical Supervisor (Print): 

Date: 5 Dec 12 Service Date: 5 Dec Service Technician: K-14 Njd

STATUS OF EQUIPMENT:

(1) - COMPLETE (2) - INCOMPLETE (3) - PARTS ON ORDER
(4) - COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinic Supervisor has signed off for approval, give a copy to Mr. McKenzie (Mac).
(2) Mr. McKenzie will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home
Patient Repair/Service Request Form

Name of Equipment: Curing Light

Four Digit Identification Number: 8193

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE SAME CORNER OF THE STICKER AS THE AFRH#)

SUSTAINMENT TECHNOLOGIES, INC.
Annual PM Certification
PM Month/Year: March 2011
PM BMET: AFRH#
For Information Call: (979)764-2080

Location of Equipment: Dental (Room): 1458C

Description of the Problem: LCD Broken. Equipment is still operable.

Employee Signature: _____
Employee Name(Print): _____ Phone#: _____

Clinical Supervisor Signature: _____
Clinical Supervisor (Print): _____ Phone#: _____

Date: 5 Dec Service Date: _____ Service Technician: _____

Kathy inspects v 280-017 5 Dec.
Kathy: see if he can order LCD.

STATUS OF EQUIPMENT:

(1) - COMPLETE (2) - INCOMPLETE (3) - PARTS ON ORDER
(4) - COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinic Supervisor has signed off for approval, give a copy to Mr. McKenzie (Mac).
(2) Mr. McKenzie will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home
Patient Repair/Service Request Form

Name of Equipment: Vital Signs Machine

Four Digit Identification Number: ██████████,8257

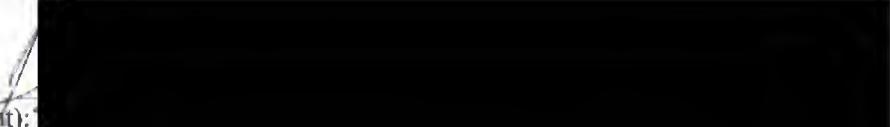
(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE SAME CORNER OF THE STICKER AS THE AFRH#)

SUSTAINMENT TECHNOLOGIES, INC.
Annual PM Certification
PM Month/Year: March 2011
PM BMET: AFRH#
For Information Call: (979)764-2080

Location of Equipment: Valor Hall (Room): ██████████

Description of the Problem: ██████████ 8257 the Thermometer is broken

can you please check and
Fix thank you 

Employee Signature: 

Employee Name(Print): 

Clinical Supervisor Sign
Clinical Supervisor (Print) 

Date: 01/17/13 Service Date: ██████████ Service Technician: ██████████

STATUS OF EQUIPMENT: Unit taken to shop
on 16 Jan

(1) - COMPLETE (2) - INCOMPLETE (3) - PARTS ON ORDER
(4) - COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

(1) After the Clinic Supervisor has signed off for approval, give a copy to Mr. McKenzie (Mac).
(2) Mr. McKenzie will schedule a date for the service repair technician to address the request.

Armed Forces Retirement Home
Patient Repair/Service Request Form

Name of Equipment: Vital Signs Machine

Four Digit Identification Number: 8002

(LOOK FOR THIS STICKER ON THE REPORTED EQUIPMENT. THE 4 DIGIT NUMBER IS LOCATED ON THE SAME CORNER OF THE STICKER AS THE AFRH#)

SUSTAINMENT TECHNOLOGIES, INC.
Annual PM Certification
PM Month/Year: March 2011
PM BMET: AFRH# _____
For Information Call: (979)764-2080

Location of Equipment: Valor Hall (Room):

Description of the Problem: 8002 The battery

can you please check and
Fix thank you

Employee Signature:
Employee Name(Print)

Clinical Supervisor Sig
Clinical Supervisor (Pri

Date: 01/11/13 Service Date: 16 Jan Service Technician: K-12

STATUS OF EQUIPMENT:

(1) - COMPLETE (2) - INCOMPLETE (3) - PARTS ON ORDER
(4) - COULD NOT DUPLICATE (5) - COULD NOT LOCATE EQUIPMENT

(THE SERVICE TECHNICIAN WILL CIRCLE ALL THAT APPLY)

- (1) After the Clinic Supervisor has signed off for approval, give a copy to Mr. McKenzie (Mac).
- (2) Mr. McKenzie will schedule a date for the service repair technician to address the request.

ID#	Equipment	Reported Date	Repair Date	# Days Repair	Note
8001	Electronic Thermometer	July 7, 2011	July 18, 2011	7	Warranty Repair
8009	Lift	September 20, 2011	September 20, 2012	0	User error
8019	Lift	September 20, 2011	N/A	0	Room electrical problem
8024	Lift	September 20, 2011	N/A	0	User error
8025	Lift	September 20, 2011	N/A	0	User error
8174	Autoclave	November 2, 2011	November 6, 2011	4	
8238	Pulse Oximeter	December 11, 2011	January 17, 2012	24	
8189	X-Ray Unit	January 4, 2012	January 17, 2012	8	
8006	Bed	January 10, 2012	February 13, 2012	23	Status 5 in Jan/Found in Feb
8053	Bed	March 7, 2012	April 10, 2012	24	Status 5 in Mar/Found in Apr
					Unit dropped/Tech took back to shop to order part and repair
8267	Nebulizer	March 7, 2012	April 10, 2012	24	
8022	Bed	April 9, 2012	April 10, 2012	1	Remote frozen
8037	Bed	April 9, 2012	April 10, 2012	1	Remote frozen
8020	Spa Bath	April 24, 2012	April 26, 2012	2	
8061	Spa Bath	May 15, 2012	June 8, 2012	15	
8021	Bed	June 13, 2012	June 26, 2012	9	
8086	Parabath	June 23, 2012	N/A	0	Could not duplicate Problem
8016	Bed	August 2, 2012	August 6, 2012	2	Electrical plug not connected
8258	Vital Sign Monitor	August 22, 2012			Repair delayed by Hurricane/ Probe no good parts on order
					Repair delayed by Hurricane. Picked up by Kelly on 13 Sep
8210	AED (Wellness)	August 22, 2012	November 7, 2012		
8189	X-Ray Unit	September 6, 2012	September 13, 2012	5	
8072	AED (Bolling Alley)	September 11, 2012			Picked up by Kelly on 13 Sep
8184	Dental Chair	September 24, 2012	September 25, 2012	1	
					Recalled/No repair paper prepared, all units affected by mfg. recall
8079	AED (Paint & Ceramics)	September 26, 2012	November 7, 2012		
					Wires on remote exposed. Switched remotes until repaired
8006	Bed	November 8, 2012	November 26, 2012	10	
8259	Vital Sign Monitor	November 13, 2012	November 26, 2012	6	
8168	Model Trimmer	December 4, 2012	December 5, 2012	1	Gasket Leaking
8072	AED/Bowling Alley	December 5, 2012		N/A	Kelly has AED. Will send to mfg. for replacement
8193	Curing Light/Dental	December 5, 2012		N/A	Still in use. Kelly will see if LCD can be ordered
8002	Vital Sign Monitor	January 15, 2013			
8257	Vital Sign Monitor	January 15, 2013			

BenchMark 90%

Month	# Repairs Per Month	# Repaired W/ 2 Wks	%		
Jan	2	1	50%		Status 5 in Jan/Found in Feb
Feb	0	0	N/A		
Mar	2	0	0%		Status 5 in Mar/Found in Apr
Apr	3	3	100%		
May	1	1	100%		
Jun	2	2	100%		
Jul	0	0	N/A		
Aug	3	1	33%		2 repairs delayed by hurricane
Sep	2	2	100%		
Oct	0	0	N/A		

**Torres & Associates, Inc.
dba: Sustainment Technologies, Inc.
3131 Briarcrest Drive Suite 100
Bryan, Texas 77802
(979) 764-2080**

Preventative Maintenance Summary

PM FSR# 12-501

**Armed Forces Retirement Home, Gulfport
1800 Beach Drive
Gulfport, MS 39507**

Equipment Data

BPD Item Number: 8001

Location: 207

Description: THERMOMETER

Manufacturer: WELCH ALLEN

Model #: 690

Serial #: 10372312

Electrical Safety (in Ohms):

Device Current (Amps) - 0.00

Earth Resistance (Ohms) - 0.00

Earth/Ground (Micro Amps) - 0.00

Case Leakage Normal Polarity (Micro Amps) - 0

Case Leakage Reverse Polarity (Micro Amps) - 0

****Note:** 0.00 on Earth Resistance denotes Double Insulated or Not a Grounded Item**

Comments: 97.3 demanded = 97.3 output Unit performs within manufacturer's specifications.

Pass / Fail: Pass

Date Inspected: November 2011

Technician – Kelly Hayden BMET

Stanley McKenzie